

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E

1. File Number U - <u>12273</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>JOHN A LINDSTROM</u> P.O. Box, Bldg., Room No., if any Street <u>2616 SW BEALPARK TRAIL</u> City <u>PALM CITY</u> State <u>FLORIDA</u> ZIP Code + 4 <u>34990</u>	4. Name, file number, and address of labor organization. Name <u>UNITED ASSOCIATION JAPPI</u> Labor Organization File Number <u>000-111</u> P.O. Box, Building and Room Number, if any Street <u>901 MASSACHUSETTS AVE, NW</u> City <u>WASHINGTON D.C.</u> State ZIP Code + 4 <u>20001</u>
5. Position in labor organization. <u>INTERNATIONAL REPRESENTATIVE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

John A Lindstrom

On

8/11/05
Date

(772) 463-0029
Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

X

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employee's name.

Name

DAN LAPADULA

Trade Name, if any:

LAPADULA & ASSOCIATES
RX ADVISORS

P.O. Box, Bldg., Room No., if any

Street

2801 PONCE DE LEON

City

CORAL GABLES

State

FLORIDA

ZIP Code + 4 33134

11.a. Nature of such dealing.

RX - PHARMACEUTICAL

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

GOLF

12.b. Amount.

#7500

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing JOHN A. LINDSTROM	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name MECHANICAL CONTRACTORS OF SOUTH FLORIDA</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any SUITE 110</p> <p>Street 3450 LAKESIDE DRIVE</p> <p>City MIRAMAR</p> <p>State FLORIDA ZIP Code + 4 33027</p>	<p>11.a. Nature of such dealing.</p> <p style="font-size: 1.2em;">CONTRACTOR ASSOCIATION</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest had or income received.</p> <p style="font-size: 1.2em;">GUEST @ GOLF TOURNAMENT \$ TELEVISION FOR WINNING TOURNAMENT</p>
	<p>12.b. Amount. \$35000</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment</p>

Name of Person Filing <u>JOHN A. LINDSTROM</u>	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employee's name.</p> <p>Name <u>DAN LAPADULA</u></p> <p>Trade Name, if any: <u>LAPADULA & ASSOCIATES</u></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>2801 PONCE DE LEON</u></p> <p>City <u>CORAL GABLES</u></p> <p>State <u>FLORIDA</u> ZIP Code + 4 <u>33134</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>RX - PHARMACEUTICAL</u></p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p><u>DINNER</u></p>
	<p>12.b. Amount. <u>\$150⁰⁰</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer: any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment</p>